

CLAIMS ONLY

Application Number

Applicant(s)

Filing Date

| CLAIMS | AS FILED | | AFTER FIRST AMENDMENT | | AFTER SECOND AMENDMENT | | May be used for additional claims or amendments | | | | | |
|--------------|----------|--------|-----------------------|--------|------------------------|--------|---|--------|-------|--------|-------|--------|
| | Indep | Depend | Indep | Depend | Indep | Depend | Indep | Depend | Indep | Depend | Indep | Depend |
| 1 | 1 | | | | | | 51 | | | | | |
| 2 | | 1 | | | | | 52 | | | | | |
| 3 | | | | | | | 53 | | | | | |
| 4 | | | | | | | 54 | | | | | |
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| 8 | | | | | | | 58 | | | | | |
| 9 | | | | | | | 59 | | | | | |
| 10 | | 1 | | | | | 60 | | | | | |
| 11 | | 1 | | | | | 61 | | | | | |
| 12 | | | | | | | 62 | | | | | |
| 13 | | | | | | | 63 | | | | | |
| 14 | | | | | | | 64 | | | | | |
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| 36 | | | | | | | 86 | | | | | |
| 37 | | | | | | | 87 | | | | | |
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| 48 | | | | | | | 98 | | | | | |
| 49 | | | | | | | 99 | | | | | |
| 50 | | | | | | | 100 | | | | | |
| Total Indep. | 2 | | | | | | Total Indep. | | | | | |
| Total Depend | 3 | ← | | ← | | ← | Total Depend | ← | | ← | | ← |
| Total Claims | 5 | | | | | | Total Claims | | | | | |